

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 - 2 7

2. STATE:

Maryland

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID) Medicaid

4. PROPOSED EFFECTIVE DATE

April 1, 2004

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2004 \$ 0
b. FFY 2005 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6A, Page 4c
Attachment 2.6A, Page 5
Supplement 3 to Attachment 2.6A, page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 2.6A, Page 4c (04-03)
Attachment 2.6A, Page 5 (04-03)
Supplement 3 to Attachment 2.6A, Page 1(new)

10. SUBJECT OF AMENDMENT:

Clarify current eligibility policy for the post-eligibility determination of
available income.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:

Susan J. Tucker, Executive Director
Office of Health Services

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Nelson J. Sabatini

13. TYPED NAME:

Nelson J. Sabatini

14. TITLE: Secretary, Department of Health
and Mental Hygiene

15. DATE SUBMITTED:

June 14, 2004

16. RETURN TO:

Susan J. Tucker, Executive Director
OHS - DHMH
201 West Preston St., Ste 124
Baltimore, MD 21201

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 14, 2004

18. DATE APPROVED:

April 1, 2004

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:

Susan Gordon

21. TYPED NAME:

Susan Gordon

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid and Children's Health

23. REMARKS:

State: Maryland

Citation	Condition or Requirement
	<p>In determining any excess shelter allowance, utility expenses are calculated using:</p> <p><u> X </u> the standard utility allowance under §5(e) of the Food Stamp Act of 1977 or</p> <p><u> </u> the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.</p> <p>a. The monthly income allowance for other dependent family members living with the community spouse is:</p> <p><u> X </u> one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member's monthly income.</p> <p><u> </u> a greater amount calculated as follows:</p> <p>The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under §1924 (d)(1):</p> <p>b. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments.</p> <p>(ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>

State: Maryland

Citation	Condition or Requirement
435.725 435.733 435.832	<p>4. In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the:</p> <p>Φ AFDC level or Φ Medically needy level: (Check one)</p> <p><input type="checkbox"/> AFDC levels in Supplement 1 <input checked="" type="checkbox"/> Medically needy level in Supplement 1 Other: \$</p> <p>b. Amounts for health care expenses described below that have not been deducted under 3.c above (i.e, for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party:</p> <p>(i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.</u>)</p>
435.725 435.733 435.832	<p>5. At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple:</p> <p>A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple, is likely to return to the home within that period:</p> <p><input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes (the applicable amount is shown on page 5a)</p>

Revision:
May 1985

HCFA-PM-85-3 (BERC)

Supplement 3 to Attachment 2.6-A
Page 1
OMB No: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

Disallow as a deduction any amount of medical expenses for dates of service before the retroactive period associated with the effective date of Medical Assistance eligibility. For medical expenses incurred during a period of eligibility, the income adjustment is limited to the Medical Assistance fees in effect on the date of service. If no Medical Assistance fee exists, the income adjustment will be for actual charges.

The deduction of unpaid nursing home bills during a penalty period resulting from a transfer of assets shall be limited to the amount in excess of the amount established by the State in accordance with Section 1917 ©(1)(E)(i)(II) of the Act.

TN No. 04-27
Supersedes
TN No new

Approval Date AUG 18 2004 Effective Date 4/1/04